

SERIAL NUMBER 09/348,815	FILING DATE 07/08/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. PF126P1D1
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APPLICANT

HADONG LI, RESIDENCE NOT PROVIDED.

MARK D. ADAMS

* **CONTINUING DOMESTIC DATA*****

VERIFIED THIS APPLN IS A DIV OF 08/459,101 06/02/95

* **371 (NAT'L STAGE) DATA*****

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/02/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY XPX	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

JAMES H DAVIS
HUMAN GENOME SCIENCES INC
9410 KEY WEST AVENUE
ROCKVILLE MD 20850

TITLE

CONNECTIVE TISSUE GROWTH FACTOR-2

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5784

SERIAL NUMBER 09/348,815	FILING DATE 07/08/1999 RULE	CLASS 435	GROUP ART UNIT 1635	ATTORNEY DOCKET NO. PF126P1D1
APPLICANTS HAODONG LI, GAITHERSBURG, MD; Mark D. Adams, North Potomac, MD;				
** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 08/459,101 06/02/1995 PAT 5,945,300 WHICH IS A 371 OF PCT/US94/07736 07/12/1994				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/02/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met		STATE OR COUNTRY MD	SHEETS DRAWING 5	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 2		EXAMINER'S SIGNATURE <i>[Signature]</i> INITIALS <i>[Initials]</i>		
ADDRESS 22195				
TITLE CONNECTIVE TISSUE GROWTH FACTOR-2				
FILING FEE RECEIVED 2274	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	